

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** EPSDT Clinics  
Managed Care Plans

**Memorandum No:** 04-87 MAA  
**Issued:** December 30, 2004

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Call:**  
1-800-562-6188

**Subject:** Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Clinics: New Codes and Fee Updates

**Effective for claims with dates of service on and after January 1, 2005**, the Medical Assistance Administration (MAA) will begin using the Year 2005 CPT® and HCPCS Level II code additions as discussed in this memorandum. Maximum allowable fees for the Year 2005 additions are also included.

### **New Immunization Administration Codes**

MAA will reimburse providers for the following new immunization administration codes:

<b>CPT Code</b>	<b>Brief Description</b>	<b>1/1/05 Maximum Allowable Fee</b>
90465	Immune admin 1 inj, <8 yrs	\$11.11
90466	Immune admin addl inj, < 8 yrs	6.57
90467	Immune admin O or N < 8 yrs	5.00
90468	Immune admin O/N, addl < 8 y	3.00

**Do not bill any of the above codes in combination with CPT codes 90471-90472. Reimbursement for immunization administration charges is limited to a maximum of two vaccines (e.g., one unit of 90465 and one unit of 90466; or one unit of 90467 and one unit of 90468).**

### **Immunization Fee Update**

MAA has updated the fees for the following flu vaccines:

<b>CPT Code</b>	<b>Brief Description</b>	<b>1/1/05 Maximum Allowable Fee</b>
90655	Flu vaccine, 6-35 mo, im (preservative free) (per each 0.25 ml)	\$12.90
90656	Flu vaccine, 3 yrs, im (preservative free) (per each .50 ml)	12.09
90657	Flu vaccine, 6-35 mo, im (per each 0.25 ml)	4.57
90658	Flu vaccine, 3 yrs, im (per each .50 ml)	9.14
90660	Flu vaccine, nasal (per dose)	24.19



**Note:** For a complete listing of vaccine updates, please refer to the fee schedule attached to this memorandum.

## Updated Fee for Synagis

**Retroactive to dates of service on and after December 1, 2004**, MAA changed the maximum allowable fee for Synagis:

CPT Code	Brief Description	12/1/04 Maximum Allowable Fee	Restrictions
90378	Rsv ig, im, 50mg	\$621.18 (per 50 mg)	PA is not required for clients 11 months of age and younger from December 1, 2004 through April 30, 2005. PA is required for all other time periods and for all other age groups.

## Corrections

On page E7 of the EPSDT Billing Instructions Fee Schedule, CPT code 90645 was added to the “shaded” immunization section. It was inadvertently left out of the original billing instructions.

**Retroactive to dates of service on and after October 1, 2004**, MAA added CPT code 90660 to the “shaded” immunization section, as this flu vaccine is now available free of charge from DOH.

## Billing Instructions Replacement Pages

Attached are replacement pages E.7-E.10 for MAA’s current *Early Periodic Screening, Diagnosis & Treatment Program Billing Instructions* reflecting the changes in this memorandum.

## How can I get MAA’s provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA’s website at <http://maa.dshs.wa.gov> (click on the Billing Instructions/Numbered Memoranda or Provider Publications/Fee Schedules link).

To request a free hard copy from the Department of Printing:

- **Go to:** <http://www.prt.wa.gov/> (Orders filled daily)  
Click on General Store. Follow prompts to Store Lobby → Search by Agency → Department of Social and Health Services → Medical Assistance Administration → desired issuance; **or**
- **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/  
telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
90465	Immune admin 1 inj, <8 yrs	\$11.11	\$11.11
90466	Immune admin addl inj, < 8 yrs	6.57	6.57
90467	Immune admin O or N < 8 yrs	5.00	5.00
90468	Immune admin O/N, addl < 8 y	3.00	3.00
90471	Immunization admin	5.00	5.00
90472	Immunization admin, each add	3.00	3.00

## Immunization Fees

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
90585	Bcg vaccine, percut	\$122.54	\$122.54
90586	Bcg vaccine, intravesical	118.41	118.41
90632	Hep a vaccine, adult im	44.43	44.43
90633	Hep a vacc, ped/adol, 2 dose	21.95	21.95
90636	Hep a/hep b vacc, adult im	83.33	83.33
90645	Hib vaccine, hboc, im	23.52	23.52
90646	Hib vaccine, prp-d, im	36.82	36.82
90647	Hib vaccine, prp-omp, im	20.42	20.42
90648	Hib vaccine, prp-t, im	21.78	21.78
90655	Flu vacc split pres free 6-35 months (per each 0.25 ml)	12.90	12.90
90656	Flu vacc split pres free 3 years and up (per each .50 ml)	12.09	12.09
90657	Flu vaccine, 6-35 mo, im (per each 0.25 ml)	4.57	4.57
90658	Flu vaccine, 3 yrs, im (per each .50 ml)	9.14	9.14
90660	Flu vaccine, nasal (per dose)	24.19	24.19
90665	Lyme disease vaccine, im	49.23	49.23
90669	Pneumococcal vacc, ped<5	65.47	65.47
90675	Rabies vaccine, im	115.02	115.02
90676	Rabies vaccine, id	67.04	67.04
90690	Typhoid vaccine, oral	36.84	36.84
90691	Typhoid vaccine, im	34.97	34.97
90692	Typhoid vaccine, h-p, sc/id	2.07	2.07
90700	Dtap vaccine, im	12.81	12.81
90701	Dtp vaccine, im	18.21	18.21
90702	Dt vaccine <7, im	4.60	4.60
90703	Tetanus vaccine, im	14.53	14.53
90704	Mumps vaccine, sc	17.81	17.81
90705	Measles vaccine, sc	13.68	13.68

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Billing/Fee Schedule

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
90706	Rubella vaccine, sc	14.98	14.98
90707	Mmr vaccine, sc	35.96	35.96
90708	Measles-rubella vaccine, sc	21.81	21.81
90712	Oral poliovirus vaccine	17.59	17.59
90713	Polovirus vaccine	21.65	21.65
90715	Tdap, 7 years & older, intramuscular	Acquisition cost	Acquisition cost
90716	Chicken Pox vaccine, sc	63.23	63.23
90717	Yellow fever vaccine, sc	49.26	49.26
90718	Td vaccine >7, im	9.25	9.25
90720	Dtp/hib vaccine, im	28.34	28.34
90725	Cholera vaccine, injectable	2.78	2.78
90732	Pneumococcal vacc, adult/ill (requires PA)	21.07	21.07
90733	Meningococcal vaccine, sc	55.21	55.21
90734	Meningococcal vaccine, intramuscular (requires PA)	Acquisition cost	Acquisition cost
90735	Encephalitis vaccine, sc	82.14	82.14
90740	Hepb vacc, ill pat 3 dose im	105.80	105.80
90743	Heb b vacc, adol, 2 dose, im	61.49	61.49
90744	Hepb vacc ped/adol 3 dose, im	61.90	61.90
90746	Hep b vaccine, adult, im	51.56	51.56
90747	Hepb vacc, ill pat 4 dose, im	51.84	51.84
90748	Heb b/hib vaccine, im	92.02	92.02
90749	Vaccine toxoid	Not Covered	Not Covered

### Drugs Administered in the Provider's Office

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
J0850	Cytomegalovirus imm IV / vial	\$672.61	\$672.61
J1460	Gamma globulin 1 CC inj	10.00	10.00
J1470	Gamma globulin 2 CC inj	20.00	20.00
J1480	Gamma globulin 3 CC inj	30.00	30.00
J1490	Gamma globulin 4 CC inj	40.01	40.01
J1500	Gamma globulin 5 CC inj	50.01	50.01
J1510	Gamma globulin 6 CC inj	60.05	60.05
J1520	Gamma globulin 7 CC inj	69.96	69.96
J1530	Gamma globulin 8 CC inj	80.02	80.02
J1540	Gamma globulin 9 CC inj	90.08	90.08
J1550	Gamma globulin 10 CC inj	100.02	100.02
J1560	Gamma globulin > 10 CC inj (per cc)	10.00	10.00

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Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
J1563	IV immune globulin	40.02	40.02
J1564	Immune globulin 10 mg	3.93	3.93
J1565	RSV-ivig	\$15.26	\$15.26
J1670	Tetanus immune globulin inj	68.47	68.47
J2790	Rho d immune globulin inj	102.36	102.36
J2792	Rho(D) immune globulin h, sd	13.40	13.40
90780	IV infusion therapy, 1 hour	54.41	54.41
90781	IV infusion, additional hour	15.19	15.19
90782	Injection, sc, im	11.34	11.34
90783	Injection, ia	11.56	11.56
90784	Injection, iv	22.90	22.90

### Immune Globulins

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
90281	Human ig, im	Not covered	Not covered
90283	Human ig, iv	Not covered	Not covered
90287	Botulinum antitoxin	Not covered	Not covered
90288	Botulism ig, iv	Not covered	Not covered
90291	Cmv ig, iv	Not covered	Not covered
90296	Diphtheria antitoxin	Not covered	Not covered
90371	Hep b ig, im	\$113.57	\$113.57
90375	Rabies ig, im/sc	62.06	62.06
90376	Rabies ig, heat treated	66.31	66.31
90378	Rsv ig, im, 50mg <i>May require prior authorization (refer to page C.8)</i>	621.18	621.18
90379	Rsv ig, iv	Not covered	Not covered
90384	Rh ig, full-dose, im	Not covered	Not covered
90385	Rh ig, minidose, im	Not covered	Not covered
90386	Rh ig, iv	Not covered	Not covered
90389	Tetanus ig, im	Not covered	Not covered
90393	Vaccina ig, im	Not covered	Not covered
90396	Varicella-zoster ig, im	109.82	109.82
90399	Immune globulin	Not covered	Not covered

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Billing/Fee Schedule

## Audiologic Function Tests

The audiometric tests listed below imply the use of calibrated electronic equipment. Other hearing tests are considered part of the general otorhinolaryngologic services and are not billed separately.

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
92552	Pure tone audiometry, air	\$10.88	\$10.88
92553	Audiometry, air & bone	16.32	16.32

## Fluoride Varnish Applications

Procedure Code	Brief Description	7/1/04 Maximum Allowable Fee	
		NFS Fee	FS Fee
D1203	Topical fluor w/o prophylaxis	\$13.39	\$13.39

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